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ln re	Lynn Boychenko	Case No. <u>SV04-13855-KL</u>
	Debtor)

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unfiquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	S	Hu	sband, Wife, Joint, or Community	Ţğ	Ų	P	
AND MAILING ADDRESS	ğ	н	DATE CLAIM WAS INCURRED AND	N	DEL COLL	s	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER	D E B T	w	CONSIDERATION FOR CLAIM. IF CLAIM	I	ľ	P	
(See instructions above.)		C L	IS SUBJECT TO SETOFF, SO STATE.	N	Įũ	Ĭ	AMOUNT OF CLAIM
	O R	Ľ	, , , , , , , , , , , , , , , , , , , ,	- NG ENT	D A T	5	
Account No. xx00-49		İ	Medical Bill	77			
Cardiac Assoc Medical Group				\vdash	E D	L	1
16133 Ventura Blvd., Ste. 1180		l_		ı		ı	
Encino, CA 91436		ľ				ľ	
Enemo, ex 31430				1			
							104.00
Account No. xx-xx7293			Medical Bill	T			
Cedars Sinal Imaging Med Group							
P.O. Box 4313	F				ŀ		
Woodland Hills, CA 91365							
Woodiand Hills, CA 51365					1		
						•	050.00
Account No. xxxxxxx0287			Misc Purchases	╀	_	L	353.00
					ĺ		
Central Finance Control							
P.O. Box 14059		-					
Orange, CA 92863							
							174.00
Account No. xxxx5310	-		Medical Bill	╁	L		174.00
Credit Bureau of Santa Monica							
Re: Nathan Gittleman, M.D.		-					
510 Arizona Avenue							
Santa Monica, CA 90401		- [
							357.00
5 continuation sheets attached			•	Subt	ote:	ı	

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In re	Lynn Boychenko	Case NoSV04-13855-KL
	Debtor	

	T =	_					
CREDITOR'S NAME,	8	Hu	sband, Wife, Joint, or Community	18	Ų	P	
AND MAILING ADDRESS INCLUDING ZIP CODE,	P	H	DATE CLAIM WAS INCURRED AND	Ņ	ŀ	S	
AND ACCOUNT NUMBER	B	J.	CONSIDERATION FOR CLAIM. IF CLAIM		Q	Įψ	AMOUNT OF CLAIM
(See instructions.)	CODEBTOR	c	IS SUBJECT TO SETOFF, SO STATE.	Ğ	Ĭ	Ė	AMOUNT OF CLAIM
Account No. xxx375-4	T	\vdash	Medical Bill	COZF-ZGEZF	ĀŢ	DISPUTED	
CDME				\perp	Ď	L	
CRME	i	l					
Re: South Valley Radiology 3350 East Birch Street		-		1			
Suite 200					1		
Brea, CA 92821	l	1					
							1,240.00
Account No. xxxxx733-1			School Bill	T	Г	T	
Delta Collection				1			
Re: UCLA		L					
P.O. Box 136						ľ	
Stockton, CA 95201							
•							608.00
Account No. x-xx-xxxxx-xxx71-01		Н	Utility Bill	\vdash	Н	H	
Department of Water & Power			·				
P.O. Box 10210	l	-					
Van Nuys, CA 91410							
Account No. xxxxxx6087		_	Min David	Ш	Ш		720.00
TOO AAAAAAOOO!			Misc Purchases		Ιl		
Financial Asset Management Systems							
Re: AT&T College/Univ Solutions		.		H			
P.O. Box 620429				H			Į
Atlanta, GA 30362		-]			
							451.00
Account No. xxx-xx-1540		7	1997	H	\dashv		
		- 1	Taxes	H	. [ı	
Internal Revenue Service		ı					
SB/SE Insolvency Unit		-					
300 N. Los Angeles Street					ļ		
Room 4062, Stop 5022	- 1	ļ					
Los Angeles, CA 90012							18,122.00
Sheet no. 1 of 5 sheets attached to Schedule of			S	ubto	 otal	一	
Creditors Holding Unsecured Nonpriority Claims			(Total of the	is p	age	e)	21,141.00

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In re	Lynn Boychenko	Case No. <u>SV04-13855-KL</u>
	Debtor	

CREDITOR'S NAME.	Ç	Hu	sband, Wife, Joint, or Community	 8	U	D	<u> </u>
AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBLOR	H W J C	DATE CLARA WAS BISHDED AND	OZF _ ZGEZ	l L	0-8PUTED	AMOUNT OF CLAIM
Account No. xx0932			Medical Bill	7	Î		
Isham Health Center Phillips Academy Brimfield, MA 01010					D		65.00
Account No. Lisa Boychenko	╁	├	Medical Bill	+	+	╁	00:00
Lee R. Logan, DDS 18250 Roscoe Bivd. Northridge, CA 91325		-					
							2,945.00
Account No. Laura Boychenko			Medical Bill	T	T		
Lee R. Logan, DDS 18250 Roscoe Bivd. Northridge, CA 91325		•					
Account No. xxxxxx6492			Phone Bill	\bot	-		988.02
Phillips Academy Andover 180 Main Street Andover, MA 01810		=	· · · · · · · · · · · · · · · · · · ·				
Account No. xxxxxxx40-02	H	\dashv	Medical Bill	+	L	Н	88.00
Richard P. Cain, MD 5525 Etiwanda Avenue Suite 217 Tarzana, CA 91356		-				1000	45.00
Sheet no. 2 of 5 sheets attached to Schedule of				Subt	ota		1000
Creditors Holding Unsecured Nonpriority Claims			(Total of				4,131.02

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In re	Lynn Boychenko	Case NoSV04-13855-KL
	Debtor	

CREDITOR'S NAME,	č	H	sband, Wife, Joint, or Community	 8	Ų	D	
AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	H W J C		NT LZG	Q D	- SP UT ED	AMOUNT OF CLAIN
Account No. Boychenko		Π	Medical Bill	77	D A T E		
Seattle Systems Re: Cobra Payments 26296 Twelve Trees Lane Poulsbo, WA 98370		-			D		1,200.00
Account No. xxxxx5138	+	_	Phone Bill	╀╴			1,200.00
STC Services 1275 Glenlivet Drive Allentown, PA 18106		-	·				
Account No. xxxx-xx-xxx-xxx2699		L	0				958.00
Time Warner Communications 9260 Topanga Canyon Blvd Chatsworth, CA 91211		•	Service Bill				
Account No. xxxxx-xxx-xxxxx0973	+		Medical Bill	-	_	-	733.00
Transworld Systems, Inc. Re: Arnold Becker DDS 6355 Topanga Canyon Blvd., Ste. 250 Woodland Hills, CA 91367		•					
Account No. xxx6492	+	\dashv	School Bill	\dashv	-	4	226.00
Trustees of Phillips Academy 180 Main Street Andover, MA 01810		-					
Sheet no. 3 of 5 sheets attached to Schedule of	<u>ш</u>	l		Ш		4	2,850.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	Subto			5,967.00

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Case No.	SV04-13855-KL	

Debtor

CREDITOR'S NAME,	C	H	usband, Wife, Joint, or Community	_ 6	Ų	P	•
AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	H & J C		OZH_ZGWZ	ŀ	SPUTED	AMOUNT OF CLAIM
Account No. xxxx5840	1	✝	Misc Purchases	٦,	Ţ		
UCLA Conference Center Bruin Woods Family Resort P.O. Box 160 Lake Arrowhead, CA 92352		•			D		3,142.00
Account No. xxxx0884	+	\vdash	Registration Fees	+			3,142.00
University of California Berkeley Campus Accounts Alameda, CA 94501		•					
Account No. xxxxx7973							3,885.00
University of California, LA Remittance Processing Center 10920 Wilshire Blvd., Suite 107 Los Angeles, CA 90024			Registration Payment				
Account No. xxxxx9669-S	+		Travel Study Program	+	_		539.00
University of California, LA Remittance Processing Center 10920 Wilshire Blvd., Suite 107 Los Angeles, CA 90024		•					4 700 00
Account No. xx-xxxx-xxxxxxxx82-06	┪		Phone Bill	\dashv	-	-	1,700.00
Verizon California P.O. Box 30001 Inglewood, CA 90313		-					467.00
Sheet no. 4 of 5 sheets attached to Schedule of				Subto	nta!	\dashv	407.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t			- 4	9,733.00

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In re	Lynn Boychenko	Case No. <u>SV04-13855-KL</u>
	Debtor	

CREDITOR'S NAME,		Hu	sband, Wife, Joint, or Community	CU			ł
AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBLOR	H&1C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONT ZGEZ	NL-QU-D4	D#8PUTED	AMOUNT OF CLAI
Account No. Boyxx7-002		Γ	Storage Bill	77	DATED		
VIP Transport, Inc. 2703 Wardlow Road Corona, CA 92882					D		
Account No.	╀			\downarrow	Ļ		3,565.00
Account No.							
Account No.	Н			$\perp \mid$			
,							
Account No.		_					
sheet no. <u>5</u> of <u>5</u> sheets attached to Schedule of creditors Holding Unsecured Nonpriority Claims	<u>L. 1</u>		(Total of	Subto this p			3,565.00
			(Report on Summary of S		otal ules		45,525.02